

INDUSTRIAL HYGIENE INFORMATION AND REGULATORY ACTIONS SUMMARY October 2000

REGULATORY ACTIONS

OSHA Issues Ergonomics Standard

OSHA issued the ergonomics standard as a final rule in the Federal Register on November 14, 2000. The standard provides requirements for an ergonomics program, to include:

- hazard information and reporting,
- management leadership and employee participation,
- job hazard analysis and control,
- training,
- musculoskeletal disorder (MSD) management, and
- program evaluation.

The standard provides the employer with several options for evaluating and controlling risk factors for jobs covered by the ergonomics program, and provides objective criteria for identifying MSD hazards in those jobs and determining when the controls implemented have achieved the required level of control.

The standard contains an "action trigger," which identifies jobs with risk factors of sufficient magnitude, duration, or intensity to warrant further examination by the employer. This action trigger acts as a screen. When an employee reports an MSD, the employer must first determine whether the MSD is an MSD incident. An MSD incident is defined by the standard as an MSD that results in days away from work, restricted work, medical treatment beyond first aid, or MSD symptoms or signs that persist for 7 or more days. Once this determination is made, the employer must determine whether the employee's job has risk factors that meet the standard's action trigger. The risk factors addressed by this standard include repetition, awkward posture, force, vibration, and contact stress. If the risk factors in the employee's job do not exceed the action trigger, the employer does not need to implement an ergonomics program for that job.

The Federal Register specifies an effective date of January 16, 2001.

Full text of the standard is available at:

<http://www.osha-slc.gov/ergonomics-standard/index.html>

ACOEM Withdraws Support for OSHA Ergonomics Std

The American College of Occupational and Environmental Medicine (ACOEM) today announced its opposition to the final ergonomics program standard issued by OSHA, citing the standard's lack of a sound medical foundation. While maintaining the need for a medically based standard to protect the nation's workers, ACOEM becomes the only major medical association previously supporting the standard to withdraw its support. The highly publicized rule is intended to reduce the number of musculoskeletal disorders in the nation's workforce.

"We cannot support the final regulation as it is currently written," said ACOEM President Robert L. Goldberg, MD, FACOEM, director of ErgoUC with the Ergonomics Program and assistant clinical professor at the University of California, San Francisco. He expressed the College's fear that in its haste to publish the rule, OSHA has put the standard in legal jeopardy by the its failure to address the shortcomings debated during hearings held earlier this year. During those hearings, ACOEM submitted several recommendations which would have established a firm medical basis for the diagnosis and treatment of musculoskeletal disorders. Fundamental to an effective standard is a process to verify the diagnosis of a musculoskeletal disorder and to determine that the injury or disorder is directly related to workplace duties. Throughout the past two years of the rulemaking process, ACOEM has consistently urged OSHA to limit implementation of the standard only to work-related disorders for which credible scientific evidence exists. Yet, the final standard appears to require neither a medical diagnosis nor a causal assessment.

"This standard is certain to be held up by legal battles for the next several years," said Dr. Goldberg. "Unfortunately, OSHA's failure to base the standard on a firm medical foundation lends credence to the arguments that will be made in court by those who will try to block this standard from going into effect. It is distressing that our nation's workers will be left without preventive measures to protect them from unnecessary musculoskeletal injuries."

"One of the keys to ensuring effective implementation of an ergonomics standard is a medical diagnosis," said Dr. Goldberg. "A proper diagnosis protects ill or injured workers by ensuring that their signs and symptoms are directly related to a musculoskeletal disorder rather than another type of injury or illness. It also helps ensure that the patient receives proper treatment and workplace modifications." The final measure put forth by OSHA would provide that the standard be triggered without a clear determination that a worker's reported symptoms or signs are related to a musculoskeletal disorder that is attributable to the worker's job.

While ACOEM is pleased that OSHA included an appeals process for temporary work restrictions and work removal, the College is disappointed that the standard's multiple review requirement fails to provide for health care providers who have the ability to make a diagnosis or causal assessment - or who have any knowledge of the prevention and treatment of musculoskeletal disorders. Other programs, such as the Department of Labor's Federal Employees' Compensation Program; OSHA's lead, arsenic, and asbestos standards; and most workers' compensation programs, base their work restrictions and removal requirements on a medical diagnosis.

ACOEM also points out shortcomings in some of the terminology used in the standard. The standard simply lists several specific disorders but fails to specify the criteria for a determination of a musculoskeletal disorder. Absent a physician or other health care provider qualified to make a diagnosis, OSHA fails to define the signs, symptoms, and diagnostic testing data that would lead a health care provider to support the diagnosis of a musculoskeletal disorder. "The failure to include a medically accurate definition of musculoskeletal disorder will contribute to confusion and additional cause for litigation," said Dr. Goldberg.

In light of the anticipated lawsuits from both labor organizations and private industry, ACOEM is hopeful that the courts will resolve these issues, resulting in a stronger and more enforceable ergonomics program standard.

"We would support any action that will correct the errors and omissions present in this standard, said Dr. Goldberg. "Throughout the rulemaking process, ACOEM has supported the development of an ergonomics standard but in the end, this final standard does not address the concerns we raised. ACOEM has no choice but to oppose the final standard. Our physician members, who represent a range of backgrounds, from private practice and academia to public health and corporate practice, treat thousands of workers each year who are affected by musculoskeletal conditions and who need the protection of a medically sound standard."

ACOEM, an international society of more than 7,000 occupational and environmental medicine physicians, provides leadership to promote optimal health and safety of workers, workplaces, and the environment by the education of health professionals and the public; stimulating research; enhancing quality of practice; guiding public policy; and advancing the field of occupational and environmental medicine.

UAW Responds to OSHA's Proposed Ergonomics Program Standard

Stephen P. Yokich, President, International Union, UAW

"The UAW applauds OSHA's release of the Ergonomics Program Standard. This new health and safety protection will prevent injuries, reduce workers' compensation costs, and improve workplace quality and efficiency.

"We aren't done yet. The leadership of the Republican House is holding the Labor and Health budget hostage to another attempt to block these new protections through a

budget rider. We expect the opponents of this protection, such as the National Association of Manufacturers and the Chamber of Commerce, to try to block progress by lawsuits. The UAW will do what is necessary to defend this standard.

"Ergonomics problems caused by repetitive motion and overexertion lead to the majority of work injuries among UAW members. Our union has negotiated extensive ergonomics programs with many employers, and we greatly improved our agreements with the auto companies in the most recent industry negotiations.

"Responsible employers all see the need for ergonomics. But the lack of an enforceable standard, ideological opposition, and competition from poor corporate citizens limit what we can achieve through negotiations.

"The UAW fully participated in the OSHA standards process. We submitted hundreds of pages of data and testimony to OSHA, and presented over 25 witnesses in three cities. Our evidence included the experience of shop floor workers who are using ergonomics programs to prevent injuries, union staff who bargain for these programs, and health and safety professionals. We made it clear that ergonomics programs work, that they are necessary, and that they prevent injuries and improve efficiency and quality.

"This standard, while a necessary first step, reflects some compromises in the face of the fierce industry and political opposition to any rule protecting workers. It appears to allow employers to defer action until workers are hurt, rather than requiring a more proactive approach. In this regard, the Ergonomics Program Standard falls somewhat short of many existing ergonomics programs. In addition to defending the standard, the UAW will work to implement and strengthen these protections."

OSHA Final Rule Gives Employees Greater Role in On-Site Safety Consultations

OSHA published a final rule in the October 26, 2000, Federal Register that addresses employer information and employee involvement in federally funded on-site consultation programs provided by OSHA State health and safety offices. The consultation programs provide trained safety and health consultants that identify workplace hazards, give advice on how to comply with regulations and standards, and assist in establishing safety and health programs. The rule becomes effective on December 26, 2000.

The new rule requires OSHA to treat employer information as confidential and give employees a greater role in these federally funded consultations. The rule amends OSHA regulations to:

- provide for greater employee involvement in on-site consultations;
- require that employees be informed of the results of the visits;

- provide for the confidential treatment of information concerning workplace consultation visits; and
- update the procedures for conducting consultation visit.

The rule also limits and specifies the use of consultation reports for enforcement purposes. OSHA compliance officers will be able to obtain a consultant's report under the following circumstances:

- when OSHA independently determines the employer failed to correct serious hazards identified during the consultation visit;
- when an employer creates the same hazard again; or
- when an employer makes false statements to the state or OSHA about participation in the consultation program.

A provision for nondisclosure of consultation data to the public is also included in the final rule.

The full text of the final rule is available at: http://www.osha-slc.gov/FedReg_osh_data/FED20001026.html

OSHA Clarifies air purifying respirators and diisocyanates

OSHA has clarified its policy on the use of air purifying respirators (APR's) to protect workers exposed to diisocyanates. APR's are acceptable for use in atmospheres that contain diisocyanates but are not immediately dangerous to life and health, as long as appropriate precautions and change out schedules are in place. The complete interpretation is available at http://www.osha-slc.gov/OshDoc/Interp_data/I20000718.html

Guidance on Fall Protection Standards

OSHA officials have begun work on a directive to guide employers on how to comply with OSHA's fall protection standard. OSHA receives more requests for assistance on interpreting the fall protection standard than any other OSHA standard. OSHA officials said the directive might come out sometime in 2001.

OSHA ACTIVITIES

OSHA Hospital inspections

OSHA will begin including hospitals, nursing homes and department stores in a targeted inspection program. OSHA will inspect sites with 40 or more workers, with an initial

emphasis on sites with lost workday injury and illness rate of 14 or more cases per 100 workers.

Jeffress Seeks Researchers' Help to Reduce Construction Fatalities

Charles Jeffress in speaking to the National Occupational Injury Research Symposium stated that reducing injuries and death on the job is still a top research priority. He reminded the attendees that more construction workers die on the job than workers in any other field do. Last year nearly 240 of the 1,200 workers killed on the job (20%), died at construction sites. Jeffress believes more research may lead to identification of the causes and preventive actions needed to prevent these deaths.

OSHA Issues Hazard Bulletin

OSHA issued a hazard bulletin to warn that CGA 580 cylinders, used for nonflammable gas mixtures, may contain valves that fail during cylinder filling. Complete text of the bulletin is available at http://www.osha-slc.gov/dts/hib/hib_data/hib20000925.pdf

Costs of Compliance with Ergo Bill Higher than OSHA Predicts.

A Washington DC-based employer group believes the cost of compliance with the proposed ergonomics standard will be higher than OSHA predicts. The Employee Policy Foundation said it is likely state-by-state costs would range from \$152 million in Wyoming to \$9.9 billion in California. In total, the foundation believes compliance costs will be near \$91 billion. OSHA stands firmly behind their cost estimate of \$54.8 billion over the next 10 years. The foundation believes compliance costs could reduce corporate earnings by up to 5 percent and could force employers to automate jobs or transfer jobs abroad.

New NIOSH Director Named

Dr. Laurence J. Fine is the new acting director of NIOSH, effective Nov. 1, 2000. Dr. Fine was the Director of NIOSH's Division of Surveillance, Hazard Evaluations and Field Studies.

NIOSH Issues Worker Chartbook Combining Variety of Data on Injuries, Illness

A new NIOSH publication, Worker Health Chartbook 2000, organizes data from a variety of sources on the nature and prevalence of work-related injuries, illnesses, and deaths. The Chartbook is a 250-page resource that brings together "a patchwork of systems that monitor occupational illness and injury into one comprehensive and comprehensible guide." The document is a unique resource for:

- identifying new and emerging occupational safety and health problems,
- tracking and monitoring occupational injury and illness incidence over time,

- targeting and evaluating the effectiveness of efforts to prevent job-related injury and illness,
- anticipating future needs and concerns, and
- identifying critical data needs.

Copies of Worker Health Chartbook 2000 are available in print by contacting NIOSH-Publications Dissemination, 4676 Columbia Parkway, Cincinnati, Ohio, 45226-1998, 800-356-4674. The book is available electronically at <http://www.cdc.gov/niosh/00-127pd.html>.

CONGRESSIONAL ACTIONS OF INTEREST

Clinton Signs Needlestick Safety and Prevention Act

President Clinton recently signed legislation that will protect health care workers from needlestick injuries.

The Needlestick Safety and Prevention Act was introduced by Sens. James Jeffords, R-Vt., Edward Kennedy, D-Mass., Michael Enzi, R-Wyo., Harry Reid, D-Nev., and in the House by Reps. Cass Ballenger, R-N.C., and Major Owens, D-N.Y.

This legislation, which drew strong bipartisan support, provides for needlestick protection under OSHA. The bill requires the use of safer needle devices in health facilities by strengthening OSHA's standards on bloodborne pathogens. These devices automatically retract, cover or blunt needles immediately after they are used.

The bill also requires that workers who provide direct patient care have a role in determining which safer needles to use in their workplaces, and mandates consistent documentation of all needlestick injuries.

Leaders of the American Nurses Association (ANA) praised the Clinton Administration for their support of the legislation.

"Nurses across the nation are rejoicing today," said ANA President Mary Foley, RN. "For so long we have advocated for this legislation, knowing the impact it would have on nurses across the country. This legislation will save countless lives."

Approximately 800,000 needlestick injuries occur in the United States annually.

Full text of the public law is available from the Congressional web site at <http://thomas.loc.gov/cgi-bin/query/z?c106:H.R.5178.ENR>:

Truth In Regulating Act Signed

President Clinton signed the "Truth in Regulating Act of 2000" as the only bill dealing with regulatory reform that made it through this session of Congress.

Public Law 106-312 creates a 3-year pilot project to evaluate federal agency rules having an economic impact of \$100 million or more. The law allows any member of Congress serving on a committee with jurisdiction over the purpose of the rule to request the General Accounting Office to review the rule for its impact on business and the economy.

The full text of the law is available at <http://thomas.loc.gov/cgi-bin/query/z?c106:S.1198.ENR>:

Presidential Impact

In case you didn't have a chance to read the latest edition of ISHN, there was an excellent preview on whether or not it matters if Al Gore or George Bush is elected President.

The article stated that "Democrats are supposed to be OSHA's friend, while Republicans see it as a beast that needs to be tamed". However, the article goes on to state that this is not the way it's always worked out.

The article then cites the following examples:

"It was Vice President Al Gore that announced it was time for regulators like OSHA to put customers first. If you recall, Al Gore was the first person to suggest that OSHA use private consultants to provide workplace reviews for employers."

"OSHA's VPP program, a product of the Reagan years has grown like never before. At the end of the Bush administration, 104 worksites were enrolled in the program. At last count, more than 500 sites are participating. Federal OSHA inspections in recent years have averaged about 35,000 – less than half the number conducted in 1984 and 1985 under Reagan. OSHA rulemaking has practically ground to a halt under Clinton. Even the push for an ergonomics rule can be traced back to the George Bush administration."

"Political insiders believe that regardless of who wins the Presidential contest, there will be change within OSHA. The only concern is "how much change". It not only depends on who wins the White House, but whether or not Congress remains under control of one party. As for names mentioned to lead either Labor or OSHA, nothing has been forthcoming as yet. This in itself shows how close the race is."

TECHNICAL ARTICLES OF INTEREST

Fire Departments May Not Meet OSHA's Rescue Response Guidelines Under the Confined Space Rule.

80% of fire departments do not have the equipment or training to serve as an appropriate rescue service under OSHA's guidelines designed to assist employers in implementing the confined space rule. Employers with permit-required confined spaces need to take special care in evaluating a potential rescue service to ensure they meet the non-mandatory guidance under Appendix F of 29 CFR 1910.146. "There is no law that says fire departments are required to do confined space rescues."

In 1998, OSHA issued a final rule amending its confined space standard to provide employees with more information and greater involvement in efforts to protect them while working in enclosed spaces. Appendix F provides employers with guidance on how to evaluate the efficiency of outside rescue teams by including a list of questions concerning initial evaluation and performance evaluation. Confined space rescue services are new to many fire or rescue departments--especially outside of metropolitan areas. Employers need to take an active and cooperative role in working with departments on training and equipment. At a minimum, employers should visit any organization they plan to use to provide rescue services. They should also require the organization to visit their facility to become familiar with the operations and potential hazards that may be present in a rescue situation.

Full text of Appendix F is available at http://www.osha-slc.gov/OshStd_data/1910_0146_APP_F.html

ASSE Offers Warehouse Superstore Safety Tips, pertinent to AAFES.

The American Society of Safety Engineers (ASSE) has recognized that having customers in a warehouse store full of boxes, crates and lift trucks can result in severe accidents.

With the holiday season ahead, ASSE is recommending that those retail organizations who have yet to develop and implement a comprehensive safety and training program to educate employees in customer and employee safety do so soon. ASSE is also providing retail safety tips.

"ASSE believes that a retailer's duty to act is based on its responsibility to provide a safe environment for both employees and customers," said ASSE President Samuel Gualardo. "It's also important for the consumer to heed all warnings and be aware of their surroundings."

According to ASSE member and retail safety expert Terrence Grisim, CSP, ARM, the following are some of the programs retailers have put in place to minimize accidents:

- Have height policies for stock stacked on top of each other.
- Develop a procedure where store associates go through the store aisles several times a day to straighten up piles and correct any "leaners."
- Spotters should be used wherever forklifts are in use and any time there is a danger where stocking and retrieval activities are taking place and where something can fall on a customer.
- Only do work on stacked stock when the store is closed or during hours of minimal customer traffic.

It takes a team effort to deal with retail safety effectively, according to ASSE.

It also requires the coordination of risk management and information systems; customer safety programs; employee safety programs; thorough and constant employee training; and ongoing safety evaluation and training for all associates, said ASSE

INTERNET NEWS

OSHA Web Site Gets Lots of Hits

OSHA reports nearly 1 million users access their newly redesigned Internet site each month. If you have not checked it out lately, it is worth a good look:
<http://www.osha.gov/>

INDUSTRIAL HYGIENE PROFESSIONAL NEWS

AIHA Executive Director to Step Down

O. Gordon Banks will step down as chief staff officer for AIHA effective Dec. 31, 2000. Mr. Banks has served as the Executive Director since 1989.

ABIH Discontinues the Industrial Hygiene Core Examination

ABIH is discontinuing the Core Examination after an extensive review of their examination process. Their review found:

- The Core Examination offered very limited ability to assess knowledge not already tested in the Comprehensive Practice Examination.
- The Core Examination did not function as a discriminator between qualified and non-qualified candidates beyond what the Comprehensive Practice Examination already accomplishes.
- The ultimate pass/fail decision for certification when based on the Comprehensive Practice Examination was just as valid as basing the decision on the Core and Comprehensive Examinations.

ABIH plans to construct a single examination that will test the candidate's fundamental knowledge as well as their knowledge of comprehensive practice.

AIHA Top Public Policy Issues for 2001-2002

Adopted by AIHA Board of Directors: October 29, 2000

The AIHA Board of Directors has identified the following as the top public policy issues of the association for 2001-2002:

- OSHA Reform Issues, including 3rd Party Workplace Review Legislation
- Permissible Exposure Limits (PELs) Standard Setting
- Ergonomics Standard
- Health and Safety Program Standard
- Professional Recognition / Title Protection Legislation and Regulation
- Laboratory Accreditation Issues
- Indoor Air Standard / Indoor Air Quality (Environmental Tobacco Smoke)
- Regulatory Reform Legislation
- Risk Assessment Legislation
- OH&S Small Business Assistance Legislation

PUBLICATIONS

ABIH Offers Certified Associate Industrial Hygienist (CAIH) Candidate Book

ABIH will offer, beginning in the Spring of 2001, a certification program for professional-level practitioners who engage in industrial hygiene activities but who do not qualify for the Comprehensive Practice certification as a CIH. This certification is the Associate Industrial Hygienist or CAIH certification.

The candidate Handbook is available from the ABIH office in Lansing, MI, or electronically from their web site at <http://www.abih.org/download.htm#app>

Report Says Future Research Should Focus On Surveillance, Risk Factors, Intervention

Ergonomics research over the next decade should focus on ways to improve surveillance and medical research, and to develop and evaluate new and existing intervention strategies, according to a recent National Institute for Occupational Safety and Health report.

The report outlined its significant research priorities for surveillance, medicine, and intervention, including the following:

- Develop user-friendly, standardized workplace surveillance tools for experts and non-experts; increase collaboration with federal, state, and others to encourage comparability of data collection methods; and conduct an ongoing national hazard survey targeting physical workplace factors.
- Refine instruments to detect and quantify the contribution of risk factors to the disease process; more clearly define stages of the MSD process, develop precise diagnostic tools, and provide guidelines for effective treatment and return to work; and clarify the interplay of factors at different stages of causation, development, and treatment of musculoskeletal disorders and measurement of risk factors.
- Evaluate the following factors on the development and prevention of musculoskeletal disorders: alternative intervention design criteria; alternatives in posture, movement, force, productivity, and quality for manual handling tasks; ergonomic training and education; costs and benefits of ergonomic intervention; job assignment, selection, and choice; and emerging technologies.

Copies of *Research Topics for the Next Decade--A report by the NORA Musculoskeletal Disorders Team* are available from NIOSH Publications Dissemination (800) 356-4674, or electronically at <http://www.cdc.gov/niosh/pdfs/2000-145.pdf>

JUST THE FACTS

According to the U.S. Bureau of Labor Statistics, the total number of workplace fatalities in 1999 was essentially the same as for 1998 -- a total of 6,055 fatalities in 1998, and 6,023 in 1999. Homicides fell from the second leading cause of death on the job to the third cause, behind automotive accidents and falls.

Microbial Volatile Organic Compounds/MVOCs

Microbial Volatile Organic Compounds (MVOCs) are volatile organic compounds that are byproducts of primary or secondary microbial metabolism. Some IAQ professionals are now using MVOCs as part of their list of analytical tests.

The list of compounds that are produced by microorganisms is expansive, however the following 14 compounds have been employed as indicators of microbial contamination.

- 1-octen-3-ol
- Geosmin
- 3-methylfuran
- 3-methyl-2-butanol
- 2-pentanol
- 2-hexanone
- 3-octanone
- 2-octen-1-ol
- 2-methyl-isoborneol
- 2-isopropyl-3-methoxypyrazine
- 3-methyl-1-butanol
- 2-heptanone
- 3-octanol
- 2-methyl-2-butanol

MVOCs can be collected from air using a specific sorbent tube. Persons collecting samples should have training on personal protection and understand the potential health hazards associated with microbial contamination to ensure compliance with the OSHA Hazard Communication Standard and the OSHA Respiratory Protection Standard.

Air samples should be collected in the indoor area of concern, in non-complaint areas, and outdoors near air intakes for comparison. Travel blanks are also recommended for quality control purposes.

The absorbent material is solvent extracted and analyzed via Gas Chromatography/Mass Spectrometry (GC/MS). The GC/MS system is calibrated with 14 specific MVOCs. In addition, unidentified compounds producing an instrument signal 10% or greater than the internal standard are tentatively identified from spectral libraries and concentrations estimated from relative response factors.

Interpretation

Research indicates that many microorganisms produce VOCs that overlap with VOCs from non-microbial sources. The total fraction of total VOCs in buildings that originate from microorganisms is not known and can vary with the nature and extent of indoor microbial growth. The MVOCs: 1-octen-3-ol, 3-methyl-1-butanol, 2-hexanone, and 2-heptanone are produced primarily by fungi. Fungi may also not produce MVOCs during certain phases of their life cycle, and this must be taken into consideration.

This Tech Tip is only intended to serve as a guide. For more detailed information on MVOCs, please read chapter 26 of ACGIH's, *Bioaerosols: Assessment and Control*.

Hearing Protection - Comfort, Providing Workers Choice Needed to Raise Safety Awareness

Noise induced hearing loss is the most common occupational illness in the United States. NIOSH researchers discussed a number of approaches safety professionals can use to impress upon workers the importance of using hearing protection. Some 30 million workers are exposed to high noise levels at work, and 10 million have noise-induced hearing loss. Hearing loss is also a component of other injuries because research has found that workers with sensory impairment have a 30 percent higher incidence of injuries on the job. NIOSH data indicates 96 percent of employee hearing loss results from workplace noise exposure. The best control is to remove the noise hazard followed by engineering controls applied to the noise source. If providing employees hearing protection is the only solution available, employers must encourage the employees to wear the hearing protection provided. Encouragement begins with good employee training. NIOSH believes employers should address the following issues to encourage employees to wear hearing protection:

- Comfort. Offer a choice of protectors and fit them to each employee.
- Convenience: protectors must be easy to use.
- Communication: Employees must be able to hear other workers, their equipment, and warning signals.

ARMY ITEMS OF INTEREST

The Intermediate Industrial Hygiene Topics Course (6H-F10)

The Intermediate IH Topics Course provides training and continuing education in technical aspects of industrial hygiene topics. Specific content may vary from year to year depending on current issues. However, the course addresses the principle topics of Respiratory Protection, Industrial Ventilation, Air Monitoring Equipment, Lead, Asbestos and Indoor Air Quality. This course is primarily for MEDCOM personnel but other qualified personnel may attend on a space available basis. Applicants must have attended the Basic IH Course at the AMEDD Center & School or attended an IH Course through AIHA, OSHA or an accredited university.

Dates: March 19-30, 2000

Location: The Sheraton Hotel, Towson, MD

Funding: Self-funded, participants pay for their own travel and per diem. Per diem for Baltimore is \$152; \$110 for hotel and \$42 for meals.

Application Deadline: January 29, 2001. We will notify participants of their status in early February 2001. There are 35 slots available.

Application Procedures:

Use and existing USACHPPM application and fax to (410)436-8795/DSN: 584-8795.

Apply on line using the USACHPPM web site at
<http://chppm-www.apgea.army.mil/trng/datepage.htm>, or

Call at 410-436-2439/DSN: 584-2439 for an application. The course POC is Bonnie Burello.

ADMINISTRATIVE INFORMATION

This document was prepared for the U.S. Army Center for Health Promotion and Preventive Medicine (USACHP) PM), Directorate of Occupational Health Sciences. The POC at the USACHPPM is Mrs. Sandra Monk, Program Manager, Industrial Hygiene Management Program, DSN 584-2439, commercial 410.436.2439, e-mail
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This document summarizes information and regulatory actions that are relevant for Army Industrial Hygiene Program personnel. We distribute this summary in electronic form only. Please make it available to your staff if they do not have direct access to an electronic copy. A copy is posted on the Army IH Program Home Page (<http://chppm-www.apgea.army.mil/Armyih>). If you would like to be added to the electronic mailing list or if your e-mail address changes, please contact Tammy Budkey, e-mail tammy.budkey@apg.amedd.army.mil, or call her at DSN 584-2439, commercial 410.436.2439, fax 410.436.8795.

At a minimum, we review the following publications in preparing this summary:

[AIHA Journal](#)

[Synergist](#)

[Today](#) (ACGIH's Newsletter)

[AAIH Newsletter](#)

OSHA Week

[Federal Register](#)

BNA OSHA Reporter

[Applied Occupational and Environmental Hygiene](#)

[Journal of Occupational and Environmental Medicine](#)

[Journal of Environmental Health](#)

[Professional Safety](#)

Safety and Health

[Occupational Hazards](#)

[Occupational Health and Safety](#)

[Industrial Safety and Hygiene News](#).

We also gather information from a variety of sources on the Internet using the Army IH Program Home Page as our gateway. (<http://chppm-www.apgea.army.mil/Armyih/>).

If you have questions or comments, please contact Jim Evenden at jevenden@lmi.org, 410.638.2081/2086 or fax 410.638.2093.